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The Politics of Observation: Documentary Film and Radical Psychiatry

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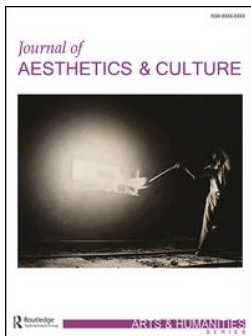
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The politics of observation: documentary film and radical psychiatry

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ABSTRACT

The post-war counter-culture encouraged alternative ways of articulating the language of documentary film, contributing to a wider critique of social institutions and the complicity of the mass media in constructing perceptions of authority. In relation to the politics of madness, this era also gave rise to a heightened awareness of psychiatric institutions as sites of symbolic power rather than therapeutic care, informing a growing scepticism towards both traditionally assumed causes and categories of mental illness as well as the everyday concept of rationality itself. This article offers a comparative analysis of different observational filmmaking styles in relation to their respective portrayals of various methods, personalities, and institutions associated with forms of radical psychiatry. It explores the impact and legacy of these cultural developments on films such as: *Warrendale* (Allan King, 1967); *Asylum* (Peter Robinson, 1972); *San Clemente* (Raymond Depardon and Sophie Ristelhueber, 1980); and *Every Little Thing/La Moindre des choses* (Nicolas Philibert, 1996). Despite their cultural and formal differences, these films are similarly involved in negotiating not only problematic distinctions between observation and intrusion, fiction and documentary, but also constructions of madness and sanity.

KEYWORDS

Film and psychiatry; observational documentary; Warrendale (film); R.D. Laing; Asylum (film); San Clemente (film); La Borde Clinic; Every Little Thing (film)

Introduction: representing madness

As the popular medium most commonly associated with representations of psychosis it is not surprising that film has enjoyed a close relationship with psychiatry, or that so much of its dramatic content and critical theory has been informed by psychiatric discourse. Documentary filmmaking has played an important role in this relationship (Stastny 1998, 68–90), and its observational techniques, evidential claims and ethical concerns are invariably challenged by the task of representing psychiatric subjects and institutions: Do the formal conventions associated with the observational documentary, for example, serve to reinforce stereotypical images of “madness”, legitimizing the authority of psychiatry by being complicit in the very prejudices the filmmaker is claiming to subvert? Does the presence of the camera—even in seemingly democratic psychiatric communities—inevitably encourage a performance of identities rather than capturing the particular realities of life and relationships in that environment? Even if explicitly supportive of certain alternative approaches to understanding and treating mental illness, is it ever possible to develop a documentary film practice capable of articulating advocacy without courting sentimentality and inauthenticity?

This article explores these issues by engaging with the work of several documentary filmmakers who have aligned their observational style and social

commitments with a wider critique of conventional psychiatric medicine. In particular, it considers: *Warrendale* (Allan King, 1967, b&w, CA); *Asylum* (Peter Robinson, 1972, UK/US); *San Clemente* (Depardon 1984, b&w, FR/IT); and *Every Little Thing/La Moindre des choses* (Nicolas Philibert, 1996, FR), films that ostensibly observe personalities, places, and therapeutic practices associated with “radical psychiatry”, a term understood here in its broad sense, i.e. encompassing a variety of cognate counter-cultural tendencies, such as: anti-psychiatry, critical psychiatry, post-psychiatry, radical therapy, institutional psychotherapy, and schizo-analysis.

Throughout the post-war period, psychiatrists, psychologists and other mental healthcare workers came under increasing pressure to understand mental illness as a sociological phenomenon rather than a biomedical fact, a consequence of capitalism and its peculiar structural formations rather than the product of diagnosable neurochemical and emotional disorders. From this perspective, the mental hospital—or asylum—was increasingly viewed as a locus of symbolic power rather than therapeutic care, staffed by willing or deluded accomplices in the violence of classifying individuals as being “schizophrenic”, “sociopathic”, “depressive”, “neurotic”, or however so defined by the *Diagnostic and Statistical Manual of Disorders* (i.e. DSM-1 (1952), and DSM-2 (1968)). Between 1960–62, a remarkable number of important, if methodologically diverse, critical studies on psychiatry and mental illness were published:

Michel Foucault's *Madness and Civilization* (1961); Joseph Gabel's *False Consciousness* (1962); Erving Goffman's *Asylums* (1961); R.D. Laing's *The Divided Self: An Existential Study in Sanity and Madness* (1960) and *The Self and Others* (1961); Martti Siirala's *The Schizophrenia of the Individual and Society* (1961); Harry Stack Sullivan's posthumously published papers, *Schizophrenia as a Human Process* (1962); and Thomas S. Szasz's bestselling *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (1961); as was Gregory Bateson's early research on the family and the structural origins of schizophrenia. The year 1961 also "marked the slow beginning of the Basaglian revolution in Gorizia", which sought to democratize Italian psychiatric care by dismantling that country's farrago of decrepit mental hospitals (Foot 2015, 50). Opposition to mainstream psychiatry and psychology was also encouraged at this time by the New Left, with writings by figures such as Antonio Gramsci, Ernst Bloch, Eric Fromm, and Herbert Marcuse offering "re-readings" of classical Marxism through the lens of culture, ideas, being and consciousness—a reorientation that was to prove especially influential within the ranks of the more activist anti-psychiatry movement.

A growing scepticism towards traditional psychiatric methods and institutions was also being reflected in contemporary popular culture through, for example, bestselling novels such as Winfred van Atta's *Shock Treatment* (1961), *Catch-22* (Joseph Heller, 1961), and Ken Kelsey's *One Flew Over the Cuckoo's Nest* (1962), all of which were subsequently adapted into major Hollywood films (in 1964, 1970, and 1975 respectively). Sam Fuller's classic B-movie, *Shock Corridor* (1963), meanwhile, tapped into Cold War preoccupations with the effects of "combat stress", psychopharmacology, paranoia, and the general disquiet caused by Stanley Milgram's *Obedience* (1962), which comprised documentary recordings of his controversial psychological experiments (which had been inspired by the contemporary trial of Adolf Eichmann in Jerusalem). Interestingly, but not surprisingly, Fuller's attempts to provide a realistic portrayal of how patients were being treated in American psychiatric hospitals fell foul of the censors: "At the beginning of *Shock Corridor*, I wanted to show [...] naked men and women chained together on benches in a long corridor, sitting in their own filth [...] The Hollywood censor board refused me permission. I produced photographs from several mental institutions showing this was no fabrication and they still said no" (Fuller 2012, 74). As a veteran of WWII, who had participated in the 1945 liberation of the Falkenau camps in Czechoslovakia, Fuller was doubtless alert to the "concentrationary" connotations of such images, and their potential to ask how the so-called Free World justified incarcerating so many of its most vulnerable citizens.

This contradiction also resonates through Frederick Wiseman's still controversial documentary, *Titicut Follies* (1967); which itself became famously entangled in complicated court cases, with public screenings effectively banned by the Massachusetts Supreme Court until the mid-1990s. Wiseman's film observes the institutional processes at the Bridgewater State Hospital for the Criminally Insane. The reality it reveals is one of a hospital/prison largely comprised of desolate patients/inmates being subjected to routine degradation and bureaucratic indifference. Footage of patients being made to strip, or being force-fed, and demeaned and infantilised within the American judicio-medical panopticon was a powerful indictment of prevailing attitudes to the treatment of mental illness there, and elsewhere. While clearly an important work in any study of the relations between documentary and psychiatry, *Titicut Follies* primarily exposes the failures of a system wedded to traditional prejudices around mental illness (and, in this particular case, resistant to the Kennedy Administration's 1963 Community Mental Health Act (CMHA)). Although Wiseman tended to eschew the journalistic approach of the classic "direct cinema" style (importantly, he had originally been trained as a lawyer rather than a journalist), *Titicut Follies* does confront its audience—when the film was permitted to have one—with disturbing visual evidence about how such facilities were being managed, and the behaviour of those who worked there.

While not itself concerned with the emergence of alternative approaches to psychiatric care, *Titicut Follies* offers an instructive depiction of the kinds of institutional cultures and healthcare regimes that growing numbers of social activists wanted to abolish in the 1960s and 1970s. The film's history—and Wiseman's distinctive editing style—has made it a key work in discussions about documentary ethics and the filming of psychiatric patients. Combining an unflinching commitment to social reality with highly expressive—modernist, even—techniques, *Titicut Follies* also continues to divide opinion over whether its method is subversive or transgressive, ethnographic or pornographic. Even amongst those documentary filmmakers generally appreciative of Wiseman's work, there is ambivalence about this particular film; according to Albert Maysles, for example: "*Titicut Follies* was trying to put down the system, but [Wiseman] hurt the very people he meant to be protecting: the patients, the way he filmed them, with very little humanity" (McElhaney 2009, 160). In its subject matter, visual style and "day in the life" [narrative] structure, and the broader metaphorical movement from life to death" (Grimshaw and Ravetz 2009, 47), *Titicut Follies* is a useful touchstone against which Allan King's *Warrendale* (1967), for example, might also be judged, especially in relation to how it

represents the progressive therapies associated with the Warrendale project. Importantly though, whereas Wiseman invariably maintains a detached relationship to his subjects, King's observational style affords the filmmaker more scope for interaction and direct social advocacy.

Warrendale: holding sessions

Warrendale concerns a group of severely disturbed children and adolescents resident at a therapy centre on the outskirts of Toronto. Managed by John L. Brown (a senior social worker and political activist for Ontario's centre-left New Democratic Party (NDP)), and its psychiatric director, Dr. Martin Fischer (a child psychiatrist who specialised in play and art therapies), the Warrendale facility had been attracting controversy since the late 1950s; largely because its experimental treatment programme involved therapeutic holding and intensive re-parenting techniques, and encouraged physical contact between the young people and their carers and psychiatrists. (In this respect, King's film is also an interesting precursor to more contemporary documentaries on a similar subject, such as Kim Longinotto's *Hold Me Tight, Let Me Go* (2009, UK), or *Who Cares About Kelsey?* (Dan Habib, 2012), for example.) While child psychiatry and developmental psychology had become increasingly urgent fields of research after WWII, serious studies on the effects of therapeutic holding and physical intervention in the treatment of disturbed and traumatised children were still thin on the ground. The methods deployed at Warrendale were influenced by theories associated

with the problem of infantile emotional deprivation (René Spitz), group dynamics (Fritz Redl), milieu therapy (Bruno Bettelheim), and attachment (John Bowlby), as well as those elucidating the psychodramatic complexities of the modern family (namely, Laing, Goffman, Bateson, and others). The "holding sessions" involved one or more carers using both their arms and legs to forcibly cradle the upset child or teenager, while simultaneously allowing them to give full vent to their feelings of anger and frustration without physically hurting themselves or others. In being restrained in this way, the children were actively encouraged to express their emotions as fully—and forcibly—as possible, with a view to enabling them to develop a stronger sense of trust in "parental" constraint and thus, begin to feel more secure in their relationship with benevolent authority.

For Brown, Fischer and the other carers involved in the Warrendale project, this degree of therapeutic tactility and physical interaction transformed how the children perceived their therapists and social workers, creating a "safe space" for them to revisit traumatic experiences of parental/social neglect, abandonment, anxiety, and abuse, and to explore and openly talk about what might be triggering their often distraught responses to given, everyday "household" situations. Although Brown and Fischer did not withhold tranquilizing medication from the young people in their care, they were committed to replacing pharmacological interventions with more holistic and behavioural forms of child psychotherapy. All of which made Warrendale an opportune subject for a filmmaker like King, who "on numerous occasions [...] disclosed that his formative experience of family



Figure 1. *Warrendale* (Warrendale Press Pack 1967): Carol being held by Terri and Walter during a holding session—the controversial therapeutic intervention associated with the Warrendale facility.

disintegration during early childhood in the Depression influenced his lifelong filmic preoccupations” (Druick 2010, 3).

Initially trained and employed by the Canadian Broadcasting Corporation (CBC Vancouver), King’s early works, such as *Skidrow* (1956), *The Pemberton Valley* (1958), *A Matter of Pride* (1961), or *The Pursuit of Happiness: Beyond the Welfare State* (1962) centred on homelessness, social disintegration, poverty and unemployment. While he would go on to have a varied career as an independent filmmaker, it was the television documentary format that best suited his talents and temperament, a format that by the 1960s had become increasingly open to some measure of *vérité* experimentation; as in, for example, CBC’s 1958 popular series, *Candid Eye*, or its successor, the *Documentary ’60* series (see, Hogarth 2002, 69–80). King’s major films from this period offered a perspective on social reality—especially, in relation to Vancouver’s less than generous welfare provision—at odds with the progressive self-image the province was trying to project, leaving his relationship with CBC—one of the principal purveyors of that image—somewhat strained. By the end of the 1950s he had set up his own production company, A.K.A. (Allan King Associates); and although still working largely for CBC, commissions and freelance contracts at that time promised him greater editorial and creative independence, and permitted him to retain the theatrical distribution rights for his films (which proved important in the case of *Warrendale*). These new working arrangements also provided him with more scope to develop a distinctive style of documentary filmmaking. For example, although *Warrendale* was originally commissioned by Patrick Watson and George Desmond for CBC, its seemingly loose observational approach contrasts markedly with CBC’s *The Disordered Mind* multi-series (1960–66, Robert Anderson Associates), which comprised conventional public service documentaries aimed at informing (reassuring) the Canadian public about the positive role of medical and statutory bodies in treating severe mental illness, regardless of its more complex causes and sociology. The third *Disordered Mind* series was broadcast in autumn 1966 and focused on the treatment of profoundly disturbed young people; and perhaps King had these episodes in mind when he remarked that *Warrendale* was not simply “a demonstration of treatment [...], treatment is the *modus vivendi* of the environment in which the filming occurs, but it is not the subject matter of the film” (*Warrendale* Press Pack 1967).

Although King’s observational style—in keeping with contemporary Canadian and French *vérité* practices—eschewed the illusion of illustrative or expository objectivity in favour a more openly collaborative approach, he claimed that the human element was paramount to everything he did:

A lot of *cinéma vérité* hinged on the drama that came from the event. You have to find a sufficient tension within a work to sustain the length of what you want to explore. But for me, it’s always been about people, my fascination has always been with individual people or individual people within the group—personal actuality drama, if you will. (Blaine, Feldman, and Hardcourt 2002, 88–89)

In conceiving of documentary as “personal actuality drama”, King invested considerable time and energy into developing close relationships with both his production crew and the individuals featuring in his films. Ahead of shooting *Warrendale*, for example, he spent over a month visiting the centre and getting to know some of the young people and staff, before introducing them to the film’s cameraman and sound engineer (Bill Brayne and Russ Heise), who then visited with him every day for a further couple of weeks. Not solely in attendance to “demonstrate the Warrendale treatment”, King actively sought to integrate his filmmaking project into the everyday life of the centre, rather than contriving fly-on-the-wall detachment. This commitment to democratic, informal and somewhat free-wheeling observational filmmaking was also perhaps influenced by his association with contemporary Beat culture, experimental theatre, and the bohemian communities in Ibiza and London: “King was of a generation that came of age in the 1950s, and his interest in observational cinema was influenced by both psychotherapy and the Living Theatre” (Druick 2010, 4). His endorsement of various communal and experimental ways of living readily coincided with the forms of therapy being developed at Warrendale, where the attempt to create a radically empathetic relationship between the young residents and their therapists sought to protect that environment from the authoritarian structures and objectifying processes characteristic of other—more typical—mental healthcare regimes.

The film was shot over five weeks, producing forty hours of footage, edited into a 100-minute production (which CBC duly refused to broadcast, largely because King would not agree to edit out instances of the children swearing). Comprised of twenty “episodes”, *Warrendale* culminates in the children’s reactions to the sudden death of the house cook, Dorothy, and their attendance at her funeral; a very popular figure in the house, she is described at one point in the film by the senior social worker (Walter Gunn) as “a cook-mother ... the only service staff involved in the programme”, and the news of her death provokes extreme responses in some of the older children and teenagers. Although initially shaped around a “Day in the Life” format, King readily restructured the latter

parts of the film to enhance the impact of the reactions to Dorothy's death—an event that actually took place much earlier in the production schedule, a manipulation of real-time chronology that exemplifies how King's method seems to diverge from the tenets of classic *cinéma vérité*; although it is perhaps also important not to exaggerate the nature and extent of this divergence—reality is often stranger than documentary, and as William Rothman remarks in his essay, “Eternal Vérités”: “In every *cinéma vérité* moment, the filmmaker happens on a situation so sublimely poignant [...] that we can hardly believe the stroke of fortune that reveals the world's astonishing genius for improvisation” (Rothman 2004, 297). Other aspects of the film also pressurised its observational mode towards fictionality and dramatized actuality.

Although initially scripted by Watson and King, the film contains no commentary, interviews, title music (bar a curious wobble-effect insert during the end title sequence) or other non-diegetic elements. However, *Warrendale*'s formal austerity does not so much underwrite its observational integrity as create a blank theatrical backdrop against which personalities and conflicts emerge more vividly. While its *mise en scène* was also influenced by practical considerations (such as integrating a small crew into a confined environment, and the need to minimise intrusive hand-held shooting and cumbersome sound recording set-ups), *Warrendale* is especially attentive to how the presence of the camera inevitably blurs distinctions between candid and contrived modes of behaviour, and how this affects the behaviour of the children, as well as that of their carers and therapists. Take, for example, the opening segment of the film,

comprising three sequences: the children being woken up for breakfast, followed by them going to school in another building within the facility; and then a “closed” meeting between John Brown and three carers (Gunn, Terri Adler, and Maurice Flood).

The film's opening title sequence is a long aerial shot, presumably taken from a fixed camera position on the roof of an adjacent tower block, framing Adler's car as it arrives at the centre, and pulls up outside “House Two”. As if to accentuate the contrast between exterior and interior worlds, perspective and scale, the subsequent shot is hand-held and taken from inside the kitchen of the house, with a kettle (ominously) coming to the boil in the foreground and Adler visible in the background—initially, through the kitchen window—as she hurriedly enters the house, greets a colleague and throws off her coat, before the hand-held camera follows her upstairs (often out of frame, and with erratic sound quality) as she endeavours to coax some of the children out of bed, and encourage others to go down for their breakfast. The camera continues to follow Terri into one of the bedrooms, where she draws open the curtains and picks up a cup and a baby-bottle (which belongs to Irene, a teenage girl). A radio or record player can be heard loudly in the background (playing the Rolling Stones' “Play with Fire”), as Carol (another teenager) angrily resists Terri's attempts to get her out of bed. She becomes increasingly irritated by Terri, and refuses to budge. This situation results in a holding session, in which Terri and Maurice force Carol out from under the blanket and hold her. At this point, Walter arrives and replaces both Terri and Maurice in holding Carol. The framing also changes from rough and unsteady



Figure 2. *Warrendale* (Warrendale Press Pack 1967): A facial close-up of Carol—exemplifying the film's preference for careful composition and “personal actuality drama” over naïve *cinéma vérité* techniques.

medium shots of Terri and Maurice grappling with Carol, to closer shots of her, and of Walter, culminating in an extreme close-up of Carol as she appears to relax, comforted rather than contained by Walter's holding (Figure 1). The film then cuts to a medium shot of Walter and Terri (now downstairs) discussing whether Carol should go to school that day, followed by Walter playfully lifting Tony (a young boy, who—like Carol—will become one of the film's principal characters), followed by a very long shot of the children walking together to the school building, with Tony waving and shouting at King and his crew from a distance.

This opening segment concludes with a sequence taken from a meeting later that day involving Terri, Walter, and John Brown. The meeting focuses on Terri's management of Carol that morning, and involves Brown (framed in a number of close shots) carefully chastising Terry and warning against “the dangers of precipitous holding”, advising her how to relate to Carol in a more therapeutically effective way. Although running at just over three minutes in duration, Brown is rarely out of the frame in this scene, and even a brief frontal medium close-up of Terri includes his expressive hand movements in the foreground. When Walter interjects to add support to Brown's concerns about Terri's relationship with Carol, there is no cut as the camera smoothly pans right to frame Walter in a similar medium close-up, signifying continuity and consensus. Throughout the sequence, which is the only one featuring Brown in the entire film, King's *mise en scène* unambiguously affirms Brown's authority, his role as a mentor-manager and his centrality to the entire Warrendale project. In a later sequence, Carol and Tony are filmed with Terri and Dr. Martin Fischer (described in the titles as the facility's “Medical Psychiatric Director”). In this instance, hand-held cinematography and a general atmosphere of playfulness and informality prevails, as Fischer talks to Tony about his home town or encourages Carol to write some letters to her family. There is an intentional contrapuntality between this scene and the earlier one involving Brown: here, King seems to want his audience to see the theory being put into practice, and the beneficial effects of this novel therapy on the children—and on Terri, which is important given that the film is as much about the carers, therapists and social workers as it is about the children and young people resident in the facility (Figure 2).

Although King would bring his “personal actuality drama” approach to a more controversial level in his next film, *A Married Couple* (1969), *Warrendale* demonstrates observational filmmaking as an essentially creative process of shaping and negotiating whatever reality it finds itself encountering, a process seemingly predicated as much on

a dramatic imperative as a documentary one. However, within the context of the film's subject matter—and the remit of this essay—such an approach remains problematic. Despite itself, for example, *Warrendale* reinforces stereotypical images of mentally disturbed children, and the hand-held framing and use of close shots during sequences showing their emotional outbursts, tantrums, and violence dramatizes this behaviour in ways that immediately provide the audience with a *clinical*—privileged—perspective on what is happening. There is a thin line between dramatized actuality and “actuality drama”, and in the case of *Warrendale* everyone is performing: the therapists and psychiatrists—including, Brown—are as conscious of the filmmaker's presence as the young residents. Needless to say, at no point do the makers of the film hand the camera over to the young people, or challenge the authority of therapy (or documentary) *per se*; on the contrary, they are there to endorse—formally, as well as politically—the therapeutic methods associated with John Brown's project.

Asylum: vérité therapy

Like King, Peter Robinson (also a Canadian) found the experience of filming in an alternative therapeutic community professionally and personally transformative. *Asylum* is inspired by the psychiatry of R.D. Laing—and involves observing communal life in one of the post-Kingsley Hall households (in London's Archway district) established in the early 1970s by Laing and other members of the Philadelphia Association (initially comprising David Cooper, Joseph Berke, Leon Redler, and Aaron Esterson). Although Robinson's background was in theatre management, by the 1960s he was enjoying some successes as a producer on several documentaries (including Francis Thompson and Alexander Hamid's Academy award-winning multi-screen short, *To Be Alive!* (1964)). After reading *The Divided Self* and *The Politics of Experience*, he wrote to Laing with a proposal to make a series of television documentaries in which Laing would interview prominent figures or celebrities of the day, *State of Mind*. When this project fell through (although, Laing made various attempts to revive it during the 1970s, including discussions at one point involving the BBC and Allen King Associates), both agreed to push ahead with the production of a film that would document the work of the Philadelphia Association (Robinson 1970). Several filmed interviews with Laing ensued before it was agreed that Robinson and a two-man crew would live in one of the Association houses in Archway while making this feature-length documentary. In the early spring of 1971, Robinson, Richard

Adams (camera and editor), and William Steele (sound engineer) resided for six weeks with over a dozen people in a house on Duncombe Road (Smith and Young 1972, 58–59).

Although Laing disliked the term “anti-psychiatry”—originally coined by Cooper in 1962 when he was setting up Villa 21 (an experimental hospital ward in Shenley Hospital, Hertfordshire)—Laing’s work similarly challenged the assumption that psychiatric patients were necessarily devoid of authentic agency, unreachable and incapable of meaningful communication and social interaction. In rejecting the mainstream medical model of mental illness, Laing had initially turned to psychoanalysis and the emerging psychotherapeutic approaches being promoted at the time by figures such as Donald Winnicott and Charles Rycroft at the Tavistock Clinic, as well as philosophical paradigms derived from existential-phenomenology (especially, Karl Jaspers and Jean-Paul Sartre), and social anthropology (Bateson and Margaret Mead). As a relatively young (military) psychiatrist in the early 1950s, Laing had begun questioning the efficacy of conventional psychiatric diagnoses, the increasingly routine nature of referrals for electroconvulsive therapy (ECT), and the widespread prescription of anti-psychotic medication. Focussing instead on the patient as a person rather than an object afflicted by some pathologically classifiable disease, Laing argued that whatever else madness was, it wasn’t madness. Rather, it was a particular state of mind and mode of expression, one that responded therapeutically to imaginative interaction, empathetic listening, and the fact of another person or people “being present”: put simply, it was less a mental disorder than a different way of envisaging reality and relating to society. For Laing, the aim of psychiatry should not be to *treat* patients but rather to accompany them on their personal voyage through memories, traumas, dreams, identities, desires, grief, despair, faith, and whatever else was there to be encountered; and if there was a therapeutic guidebook or manual for this relationship, Laing contended, it was to be found in the therapist’s own sensitivity to the intricate textures of lived experience, and the examples of literature, art, music, and mystical writings, not in the *DSM* or some weighty textbook on clinical psychiatry.

Inevitably, Laing has been popularly over-identified with the Sixties and an image of himself as one of the counter-culture’s leading lights, more prophet than physician, wild-eyed psychedelic shaman rather than radical mental healthcare reformer. Szasz (no friend of existential-phenomenology or left-wing politics) even went so far as to describe Laing as “a medical-psychiatric conman, a typically modern charlatan ‘soul doctor’ and master self-dramatiser” (Szasz 2009, 103). While many aspects of Laing’s thinking—and lifestyle—certainly coincided with the iconoclastic *zeitgeist* of the times, his contribution to the development of more enlightened approaches to

understanding and treating mental illness is considerable, and has remained influential within the fields of social and psychoanalytical psychiatry (Nelson 1972, 226). Even in his last book, *Wisdom, Madness and Folly: The Making of a Psychiatrist 1927–1957*, Laing was still correcting prevailing misperceptions about his views:

I never idealized mental suffering, or romanticised despair, dissolution, torture or terror. I have never said that parents or families or society ‘cause’ mental illness, genetically or environmentally. I have never denied the existence of patterns of mind and conduct that are excruciating. I have never called myself an anti-psychiatrist, and have disclaimed the term when my friend and colleague, Dr. David Cooper, introduced it. However, I agree with the anti-psychiatric thesis that by and large psychiatry functions to exclude and repress those elements society wants excluded and repressed. (Laing 1985, 8)

In keeping with the ethos of the Philadelphia Association and the experience of Kingsley Hall, the Archway community aspired to have, as Laing put it, “no staff, no patients, no locked doors, no psychiatric treatment to stop or change states of mind” (Laing 1985, ix). However, as Robinson’s film shows, there was a discernible organisational structure and some of the residents had defined roles within that structure. Michael Yocum, for example, was responsible for maintaining the house rules and ensuring all the residents contributed to the rent, as well as facilitating—albeit loosely and democratically—ad hoc house meetings to discuss problematic behaviour or conflict between residents. Although Leon Redler and Paul Zeal feature in the film at times as “therapists in residence”, there were no Philadelphia Association therapists actually living in the house during the production of *Asylum*. Laing was travelling in Ceylon (Sri Lanka) and India throughout 1971–72, and Robinson inserted several sequences from the interviews they had filmed in 1970 as a way allotting time in the film to explain what the community is trying to achieve, or—as in one scene—just sitting silently and attentively amongst a group of residents. The film’s introductory sequence, for example, includes footage of Laing in a spacious front room, sitting in an armchair, explaining the origins of the Kingsley Hall community and the importance of adopting non-judgemental and non-interventionist relationships with the other residents. The film then cuts to a panning shot of a skyline of terrace rooftops, travelling along a row of dilapidated—and in some cases, boarded-up—houses on Duncombe Road, before the camera frames a postman delivering mail to the house, and a close shot of the number on the front door, “43”. As with *Warrendale*, the beginning of the film establishes the community as residing on

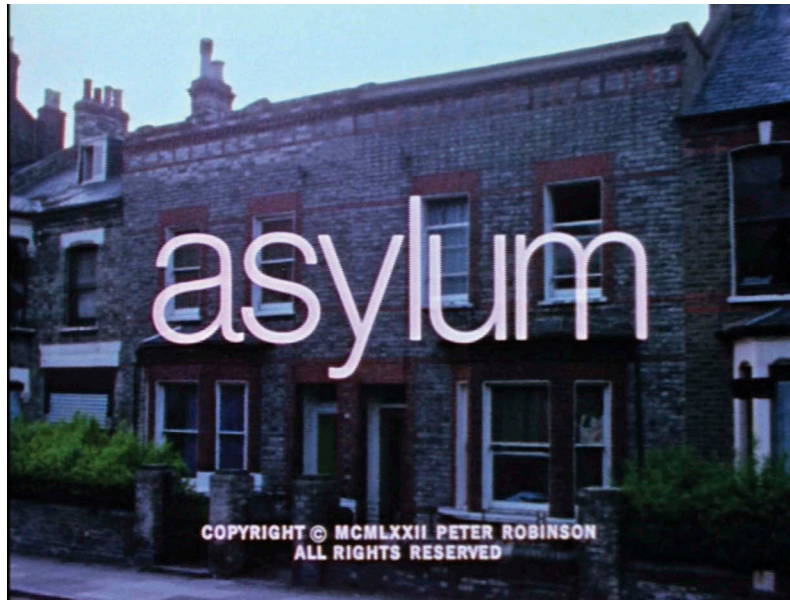


Figure 3. *Asylum* (Peter Robinson, 1972): The opening title sequence, featuring Duncombe Road and the Philadelphia Association house.

the social margins of the city—in this case, a run-down street in a part of North London designated for redevelopment rather than amidst Toronto’s sprawling, suburban limbo (Figure 3).

In addition to Michael Yocum, among the residents who feature in the film are: David Bell (a middle-aged scientist, who often communicates by scribbling gnomic messages and graffiti, or speaking in a surreal idiolect (in which Leon Redler, for example, is “the Red Lion”, and the community itself is the “happy canny loonies”, etc.); Julia, a young woman who at times regresses into an extremely helpless, infantile state; Francis Gillet, formerly of Kingsley Hall, who mischievously performs for the camera with an exaggerated, antic walk; Jamie, a man in his early twenties from a Scottish rural farming background; Wendy Galson, another former resident of Kingsley Hall; Mary, who is referred to in the 2015 DVD audio commentary as “Sister Mary Simon”; Richard, a working-class Londoner; Paula, a young English woman; Astrid, a Norwegian artist and musician; and Lee, a psychiatrist from Long Island who had “opted out” of mainstream clinical practice to spend time living in a Philadelphia Association community, and who is finding the experience of sharing a house with David very difficult. While observing how the others in the house respond to David’s disruptive behaviour is a key strand in the narrative of *Asylum*, there are other important threads woven into the film: for example, how the residents (including David—and especially, Mary and Francis) care for Julia; how therapists like Redler and Zeal integrate into the community; and the arrival of various visitors to

the house (especially, Jamie’s father, who suggests that a secretly arranged blind date might speed-up his son’s “recovery”), or the gauche medical student (who arrives one Sunday to study the house for his graduate thesis). While one contemporary critic of *Asylum* praised it as being “not another audio-visual aid for explanation of another theory of psychology; rather it disturbs normal film rhetoric,” it is—if not quite an “explanation”—certainly a justification of the work of the Association, and Laing’s theories in particular (Silverstein 1973, 8). Of course, it is unlikely that the Association would have agreed to its production, or the residents given their consent to be filmed (and for *Asylum* to be released and distributed), had its ostensible aim not been to show how living together in this ramshackle accommodation, rather than inside the institutionalised mental healthcare regime, can prove to be a genuinely therapeutic experience. While the film adheres loosely to a conventional dramatic structure, the varied and informal quality of its assemblage of sequences also reflects the culture of benign anarchy that exists within the house. However, the presence of Robinson himself in a number of these scenes raises questions about whether or not such participation contributes to, or detracts from, the film’s observational integrity.

In one sense, the visible involvement of Robinson and his production crew in the everyday life of this particular community is unremarkable: it is an “open house” of sorts and residents are free to come and go, and—within certain limits—behave however they please. It is also—like House Two in *Warrendale*—a crowded and confined environment in which the line



Figure 4. *Asylum* (Peter Robinson, 1972): at a house meeting, David Bell and Leon Redler try to resolve a problem.

between observation and participation inevitably dissolves, and while residents like David, Francis, and Astrid do “perform” for the camera at times, Robinson includes that reflexive dimension in the final cut. In addition to sequences that include Robinson being part of social situations in the house (or being observed observing), there are two scenes in which he is filmed conversing “privately” with individual residents: firstly, with Jamie; and then at the end of the film, with David. In both cases, Robinson adopts a loose conversational style that reflects something of the spirit of Laing’s approach to communicating with people who are experiencing psychosis and serious emotional difficulties, and is designed to further blur the line between outsider and insider, filmmaker and therapist. While Robinson seems at worst naively insistent in encouraging Jamie to open up about what he “really wants”, the conversation with David is perhaps more problematic.

If the narrative structure of *Asylum* is built around any core dramatic event, it is the on-going conflict between David and a number of other residents, a conflict that remains unresolved after the house meeting convened by Redler and Michael Yocum (Figure 4). However, in the film’s closing sequence Robinson appears to succeed in maintaining a lucid conversation with David, who mentions details about his career in scientific research and family relations. The significance of this scene is however ambiguous: Has it been included to ensure that the film represents David more fully, or to show how the filmmaker himself—as a sympathetic and supportive presence—can successfully communicate with David? If the latter is the case, are the filmmakers guilty of exaggerating their integration into the community, elevating themselves and their motives above those of the other visitors—who the film

tends to depict as muddled intruders, voyeurs, and outsiders? Perhaps, if Robinson had really wanted to be true to the alternative vision and culture of the Philadelphia Association and R. D. Laing, instead of closing the film with his *normal* conversation with David, he might have concluded it with some footage from the discussion that took place six months later when he screened a rough cut of the film to the Archway community.

San clemente: abolishing the Asylum

In a letter to Laing, dated 8 February 1977, Artkino (a Torino-based film distribution co-operative) agreed to distribute *Asylum* in Italy, with Giulio Einaudi contracted to publish an accompanying book comprising an Italian translation of the film’s screenplay and an introduction written by Franca Ongaro Basaglia, the wife of Franco Basaglia. Artkino duly informed Laing of their plans: “The publishing house and Franca Basaglia, and we of course, intend to present the film (original copy with subtitles) and the book together in Milan towards the end of March. Members of Psichiatria Democratica, journalists specialised in psychiatric information and film critics will be invited” (Artkino 1977). In response, Laing promptly instructed his solicitors to threaten Artkino and Robinson with legal action if the event went ahead, demanding the right to inspect the publication prior to its distribution. There are a number of interesting aspects to this incident, not the least of which being Laing’s reaction to this invitation. He was always keen to see his work gain international attention, and he had hitherto valued Robinson’s documentaries (in addition to *Asylum*, they had made three shorts together: *Breathing and Running* (1971, 18 mins.); *R.D. Laing in the USA* (1972,

23 mins.); and *Psychiatry and Violence* (1973, 24 mins.)). By the mid-1970s, however, Laing had effectively parted company with the Philadelphia Association (and it from him), becoming more interested in Eastern mysticism and meditation, and rebirthing techniques. Perhaps, he felt that *Asylum* was no longer representative of his work and should be archived rather than revived, or that he was annoyed (not unjustifiably, perhaps) at becoming an afterthought to a project in which his initial support and collaboration had been instrumental. It is also quite possible that he was not particularly well disposed towards the prospect of the Basaglias commenting further on his theories and “prefacing” Robinson’s film. Franca Ongaro had already variously translated into Italian key works by Maxwell Jones, Goffman, Gregorio Bermann, and her extensive interview with Laing had been published in 1975. In their *La maggioranza deviante: L’ideologia del controllo sociale totale* (1971), the Basaglias had suggested that the Laingian version of “the therapeutic community” was politically ineffectual, and that it encouraged “the illusion [...] that you can somehow ‘leave the game,’ and attempt to create a non-organised organisation which is outside the world of ‘power’ and its institutions” (Foot 2015, 120).

Like Laing, Franco Basaglia was a conventionally trained psychiatrist whose thinking became increasingly influenced by the post-war revival of existentialist thought, and hermeneutical phenomenology. Basaglia’s worldview was also shaped by the complicated social history of Italian fascism, a history that included his own experience of political imprisonment at the end of the war. Fascism, war, and post-war economic hardship in Italy conspired to perpetuate prejudices against mental illness, and such attitudes were reflected in the atrocious conditions in which psychiatric patients were still being kept in hospitals and asylums throughout the country. For Basaglia, the abolition of these institutions was also part of “a more generalised critique of power, social control and the production of marginality, deviance and difference in capitalist societies, of which the *manicomio* (mental hospital) came to be treated as just one example” (Forgacs 2016, 211). The Basaglias were never alone in their struggle for radical changes to Italy’s mental health care regime in the 1960s and 1970s, but the founding of *Psichiatria Democratica* in 1973 was due in no small part to their efforts, as was the approval of the Law 180 (“Basaglia’s Law”) in 1978. With their years of activism now vindicated by this new legislative provision, the Basaglias and others pressurised for effective implementation of its directives, and for political assurances that the transition from a culture of psychiatric hospitalisation to community-based mental healthcare structures would be carefully managed and adequately resourced.

Unfortunately, winning the peace would prove as difficult as winning the war and “the struggle against total institutions would go on for another twenty years *despite* the law” (Foot 2015, 383).

In early 1977, Raymond Depardon travelled to Trieste on a photojournalistic assignment covering a story about the San Giovanni Psychiatric Hospital, which was being closed and transformed into a therapeutic community, with no new patients being admitted and existing patients being gradually reintegrated into society. The developments in Trieste exemplified the radical agenda being set by the *Psichiatria Democratica* movement, and its implications reverberated far beyond Italy. According to Depardon, Basaglia encouraged him to support the campaign by visiting other *manicomi*, and producing a body of photographic work that would help to document and further publicise the appalling conditions in these institutions: “You’ll photograph patients here who you won’t see anywhere else, but it’s exactly the same in France and America. The psychiatric hospital made them that way; now it’s too late, there’s nothing else I can do for them [...] Take your photographs, otherwise people won’t believe us” (Depardon 2014, npg). For the next four years, Depardon periodically visited various *manicomi* (principally, in and around Turin, Arezzo, Naples, and Venice), photographing everyday life in the asylums, and hospital psychiatric wards. In addition to the feature-length documentary, *San Clemente*, shot in February 1980 with Sophie Ristelhueber, in 1984 Depardon published a series of photographs in an exhibition catalogue (with an accompanying essay by Bernard Cuau) followed by his 2014 photography book, *Manicomio: Secluded Madness*; and various contact sheets provided the images for his contribution to the French television short film series, *Contacts* (Depardon and Roger Ikhlef, 1989, Fr., 13 mins), in which he ruminates on the relations between voyeurism and aestheticism, intrusion and projection. Although not directly related to his work on the *manicomi*, Depardon’s preoccupation with psychiatric processes and their relationship to the French criminal justice system has been the subject of several of his feature-length documentaries (including most recently, *12 jours* (2017)).

By the end of 1970s, Depardon was disillusioned with the world of corporate photojournalism, and his 1979 book, *Notes*, marked a significant shift in his visual style from observational or journalistic detachment to a more open, subjective and autobiographical approach. *San Clemente* tests the authenticity of this transformation: its subject matter and the act of filming the patients accentuates the tension between the desire to frame and control, and the pursuit of a looser and more tentative method. Unlike still photography, film increasingly enabled Depardon to articulate an experience of reality that was free to

follow reactions, promptings, and intuitions in the language of long takes, and handheld cinematography where the framing is careful but not necessarily precise, and more available to coincidence and uncertainty. Throughout *San Clemente*, the soundtrack's uncanny assortment of ambient sounds (especially, radio music), noise (talk, footsteps, squeaking doors) and silence supplements the film's images of fidgeting figures walking aimlessly in circles, pacing up and down corridors, dancing monotonously, or just sitting in silence, motionless. At key moments in the film, however, both Depardon and Ristelhueber become involved in the action (in the very literal sense of this word), especially when individual patients ask them random, unexpected questions or try to take possession of the camera or microphone (Figure 5). From the outset the film acknowledges its availability to the complexities of the relationship between the filmmakers and the patients and staff at the hospital: the pre-title sequence culminates with a doctor telling the filmmakers not to enter a particular ward, reprimanding them: "Shame on you!"

Although he has tended to align his documentary style with the American "direct cinema" tradition rather than *cinéma vérité*, comparisons with Wiseman's work—especially in relation to their shared interest in psychiatric and judicio-legal institutions—are inevitable if not always illuminating, especially in relation to questions of aesthetic technique (see, e.g. Jean 2009, 18–19). Halfway through *San Clemente* there is a sequence, for example, that illustrates some of the distinctive characteristics of Depardon's observational method. The sequence in question lasts just over four minutes. It is a single handheld *plan-séquence* comprising both moving and static

images. Opening with a shot of a mounted television broadcasting a "live" Catholic mass, the camera tilts down to frame a small, hunched elderly woman standing slightly behind an adjacent doorway, holding a rag-doll in her arm. The sound of the television resonates loudly as the woman stares back into the room, and at nothing in particular. Two nurses pass her and walk through another double-door. She watches them and follows for a couple of steps, stops and turns back before walking out of the shot as Depardon's camera turns and tilts back upwards at the television again. Continuing on its travels, the camera then veers left and enters a small adjoining ward, where a woman can be seen sitting alone on a bed, languidly combing her hair. The camera dollies back, framing in medium shot the woman holding the rag-doll, with the sound of the choir now singing the Sanctus emanating loudly from the television set. The camera pans left and ventures into a larger recreation area where several women patients are sitting quietly on chairs before panning right and into a busy office (whereupon Depardon and Ristelhueber are shooed away by one of the nurses). Backed into the sitting area again, there follows a circular panning shot, before the filmmakers are approached by a woman with a broom, who gestures angrily at the camera and shouts, "Stop that!" (Figure 6). She forces the broom at the camera lens but withdraws when a nurse appears off-screen, joking that this woman is just "attention-seeking". The camera follows the nurse through another double-door into a men's recreational area, before cutting to the next sequence.

On the one hand, Depardon's preferred *plan-séquence* structure seems to militate against imposing a singular perspective by allowing the camera to happen upon fragments of the real. The spontaneous



Figure 5. *San Clemente* (Raymond Depardon & Sophie Ristelhueber, 1980): Dario, one of the patients at the hospital, talks with Ristelhueber.

interaction with patients and their families, as well as the medical staff, suggests compassionate curiosity, openness and a desire to respect the other and the particularity of their experience and voice. On the other hand, as David Forgacs has argued: “the film’s voyeuristic passages, those in which the patients are merely observed and do not speak, or their voices cannot be heard, tend to present their otherness as a fixed and inexplicable condition” (Forgacs 2016, 243). While Basaglia was supportive of Depardon’s documentary work on the *manicomi*, this was not—as the film shows—necessarily the case for everyone involved. Perhaps, it might be argued that *San Clemente* is as much about the problem of filming psychiatric subjects, as it is about the condition of the asylum itself, exploring how its own seemingly innocent observational style actually conspires in concealing the filmmakers’ intrusive and voyeuristic motives. It may even be more instructive to consider *San Clemente* as one component in a larger series—or story—of related works that should include the *manicomi* photography books and the short film, *Contacts*, in which Depardon himself subsequently ruminates frankly on the morality of photographing mental illness and human suffering. The problem remains, of course, that a criticism is not invalid just because the filmmaker pre-empts or even subsequently agrees with it.

Every little thing: institution without walls

Just as the Basaglias had taken issue with Laing over his withdrawal from the political fray, there were

those who felt that the ideology of *Psichiatria Democratica* was itself predicated on a simplistically oppositional and deterministic concept of society and the meaning of mental illness within that context. Félix Guattari, for example, while broadly supportive of the Basaglias (and Laing too, especially in his writings on schizophrenia), argued for a more complex, nuanced, rhizomatic understanding of these issues: “Political causality does not completely govern the causality of madness. It is perhaps, conversely, in an unconscious signifying assemblage that madness dwells, and which predetermines the structural field in which political options, drives, and revolutionary inhibitions are deployed, beside and beyond social and economic determinisms” (Guattari 1996, 44). For Guattari, the supposedly rational, technocratic basis of traditional psychiatric treatments and psychoanalytical therapies overlooks the full array of influences and socio-economic investments that are continually shaping and reshaping subjectivity: these treatments and therapies belong to a psycho-political model of control in which the relationship between modernity and schizophrenia, for example, is less one of an illness in need of a cure than a cure in need of an illness. In his writings on schizo-analysis—particularly those co-authored with Gilles Deleuze—Guattari elaborated the theoretical and clinical tenets of this version of institutional psychotherapy (IP). For Guattari, the task of schizo-analysis is to subvert the hegemony of the “oedipal paradigm”, attending instead to the contradictions of subjectivity, and the endlessly productive, deterritorializing, ineffable workings of desire, or as he and Deleuze memorably



Figure 6. *San Clemente* (Raymond Depardon & Sophie Ristelhueber, 1980): A *plan-séquence* is abruptly interrupted by an indignant patient.

elaborated in their *Capitalisme et schizophrénie: L'anti-Œdipe* (1972): it involves “learning what a subject’s desiring-machines are, how they work, with what syntheses, what bursts of energy in the machines, what constituent misfires, with what flows, what chains, and what becomings in each case” (Guattari 1996, 92).

Although Guattari’s concept of schizo-analysis was initially derived from his involvement with Lacan, its evolution was also a direct product of both his relationship with Deleuze, and his long career as a psychotherapist at the La Borde Clinic. Established in 1953 by Jean Oury (himself a former student and colleague of Lacan), La Borde was an extension of the hospital at Saint-Alban and was similarly associated with institutional psychotherapy, offering holistic, heterogeneous alternatives to mainstream medical psychiatry in France (see, Reggio and Novello 2007, 32–45). Although the Groupe de Travail de Psychologie et de Sociologie Institutionnelles wasn’t formally constituted until 1960, and the theories and practices of institutional psychotherapy had already been inaugurated in the 1930s by people such as Paul Balvet, Henri Ey, and Georges Daumézon, it is chiefly identified with the remarkable career of François Tosquelles, who arrived at Saint-Alban’s in 1941, carrying Lacan’s doctoral thesis (*De la Psychose: Paranoïaque dans ses rapports avec la personnalité* (1932)) amongst his few hurriedly packed possessions. A (Catalan) refugee from Franco’s Spain, Tosquelles’ revolutionary socialist beliefs and political activism were integral to his approach to psychiatry, and his rejection of a system in which psychotic patients were subjected to hospitalisation and crude combinations of tranquilisation, insulin injections, and electric shocks. Tosquelles’ work attracted the attention of other left-wing psychiatrists, resistance activists, and artists, including Lucien Bonnafé, Horace Torrubia, Hélène Chaigneau, Roger Gentis, Jean Ayme, Ginette Michaud, and Franz Fanon—who completed a residency at Saint-Alban in 1951, and published a paper with Tosquelles in 1954. Saint-Alban was also a formative influence on Oury, who envisaged La Borde as an asylum without walls, embodying the collective, anti-hierarchical ethos of institutional psychotherapy.¹

Unlike *Psichiatria Democratica* and the Philadelphia Association, Tosquelles, Oury, and Guattari did not believe in closing the asylums per se., anymore than they were interested in campaigning for reforms *inside* the institution of French psychiatry. Instead, they sought to augment prevailing psychiatric treatments with practices derived from psychoanalysis, sociology, political theory, and the arts. Viewing alienation as always both psychological and sociological, they refused to recognize disciplinary boundaries, aiming at all times to create an environment—or “setting”—that was

institutional but free from the forms of regulatory constraint and power relations evident in typical psychiatric hospitals. At La Borde—a former chateau surrounded by forty hectares of woodland, meadow, and ponds—there were no uniforms to distinguish staff from patients, with staff regularly allocated duties outside their respective spheres of medical, clerical or technical expertise. Everyone, resident or visitor, participated in twice-daily meetings, at which they were fully involved in various role-playing games and group activities. Like Basaglia and Laing, the institutional psychotherapists were not opposed to psychopharmacological intervention as part of a wider treatment, which would also include regular one-to-one psychoanalytical sessions, occupational ergo-therapy and paid manual and administrative work. “Le club” was also an integral part of the therapeutic programme at La Borde; run primarily by the patients, it was responsible for organising recreational activities, such as concerts, the clinic newsletter (*La Borde Éclair*), parties, and the play (performed on 15th August every year) (Figure 7). The variety and diversity of therapies and activities taking place at La Borde underpinned a core element of its larger therapeutic objective—namely, the creation of an environment conducive to collective transference or “transversality”, as Guattari began calling it in the mid-1960s. In other words, typical hierarchies, distinctions, and boundaries within the clinic were constantly being dismantled or reconfigured to ensure that the object of transference is not simply the individual psychiatrist or therapist but the group, where the flow and circulation of transference is unrestricted and determined by both individual and collective responses, including those of the medical staff. It was this particular community that Nicolas Philibert chose to visit in the summer of 1995, ostensibly to make a film around the various preparations and rehearsals for that year’s play, *Opérette*—an absurdist social satire by Witold Gombrowicz.

In many respects, La Borde would seem an ideal environment for Philibert to explore: his films are typically preoccupied with questions of how we connect and communicate meaningfully with one another, and how the differences between us can be overcome by little more than simple, unspectacular gestures of kindness, humour, sympathy, and mutual respect. Although Philibert and Depardon arrived at documentary filmmaking from very different backgrounds, their observational styles are not entirely dissimilar, with Philibert also interested in the practice of everyday life as seen through its institutions (schools, theatres, museums, Radio France, etc.). His films are also typically devoid of voice-over commentary or structured interviews, and are characterised by carefully framed long takes, edited to ensure that nothing jars or distracts the audience; even an occasional cutaway to a close shot of an object or detail,

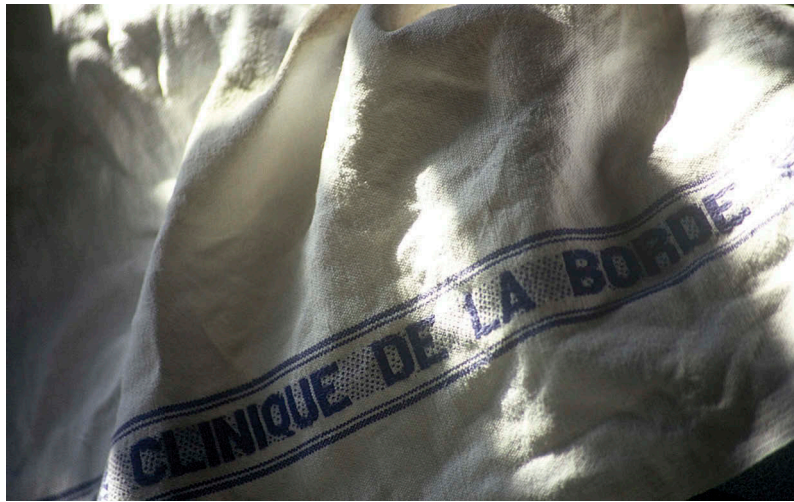


Figure 7. *Every Little Thing/La Moindre des choses* (Nicolas Philibert, 1996): An extreme close-up of some La Borde laundry—the involvement of everyone in completing allocated housekeeping tasks and activities—la moindre des choses—is essential to the well-being of community.

or longer shots involving some feature of the landscape, or just to nothing in particular, are quietly woven into the film's deceptively simple fabric.

Philibert also prefers not to be constrained by an overly detailed script or set production plan, envisaging the process of filmmaking as involving the discovery of a film that is already there rather than producing a predetermined version of reality, claiming: "I make my documentaries from a position of ignorance and curiosity [...] I don't need a map; I don't need to know the final destination [...] the film is an invitation" (Philibert 2012). While this open approach might even chime with the spirit of institutional psychotherapy's notion of "non-deductive ontology", Philibert holds the view that the only way to get inside the reality of the La Borde community is by staying outside its history, approaching it as a stranger and not under the spell of its personalities or politics: "the less I know, the freer I am" (Philibert 2005)

La Borde has been the subject of various films, most notably Igor Barrère's *La Borde ou le droit à la folie/La Borde, or the Right to be Mad* (1977, 63 mins.), a television documentary that culminates in extensive interviews with Oury and Guattari, and *Min Tanaka à la Borde/Min Tanaka at La Borde* (Joséphine Guattari and François Pain, 1986, 25mins.)—an insider's view of how visiting avant-garde artists like Tanaka contribute to life at La Borde.² Unlike these films, *Every Little Thing* takes its bearings from an alternative poetics of filmmaking, one that embraces the notion of the observational documentary as being primarily an expressive form concerned with the possibility of meaning rather than the inevitability of its production. In other words, *Every Little Thing* is less an authoritative critique, commentary or exposition on a particular social

topic—i.e. La Borde and the practice of radical psychiatry in France—than it is an exploration of what the language of film can and cannot articulate. This point can be illustrated by looking at a particular segment from mid-way through the film.

After showing the actors outside rehearsing some complex singing arrangements for the play, the film cuts to a static close-up of someone wearing an African tribal mask, which then falls or "slips" to reveal Michel's face and enigmatic smile. After a few silent seconds, the film cuts (rather than tracks) to a full shot of Michel still sitting on his bed, holding the mask on his lap. The camera lingers again as he shuffles slightly, appears to start moving but remains where he is. This sequence is followed by two more static full shots: the first frames Claude sitting alone in a kitchen, staring at the floor and rubbing his forehead in an agitated way; the second, a medium close shot of another man, this time lying on his bed, quietly upset and gazing forlornly into Philibert's camera. There then follows a longer sequence involving coffee and tea being poured and distributed amongst various people, at one of the club gatherings. This busy scene comprises more conventional handheld, observational cinematography, especially in how it configures the various facial close-ups as people react to—and interact with—Sophie as she sketches a portrait of one of the group (Figure 8). This sequence is interrupted as the film then cuts to Claude again, this time getting his beard trimmed. Claude's exchanges with the young member of staff who has volunteered to be his "barber" are comical as they tease one another, with Claude complaining, and even pretending to fall asleep at one point. The segment then cuts back to the art club, as Sophie shows off her sketch and responds to comments and suggestions, before this segment concludes by returning



Figure 8. *Every Little Thing/La Moindre des choses* (Nicolas Philibert, 1996): Sophie drawing a portrait in “le club”, where creative expression is a collective experience.



Figure 9. *Every Little Thing/La Moindre des choses* (Nicolas Philibert, 1996): A double act—Claude and his “barber” assess his newly trimmed beard.

outside again, as two of the actors are shown testing the sound effects for the play (as produced by gently beating a large sheet of metal hanging from a tree).

Like other segments in the film, this one begins and ends with scenes of rehearsal and preparations for the play, and contains within it ample evidence of Philibert’s distinctive visual style and filmic sensibility. *Every Little Thing* culminates with the performance of *Opérette* and in a curious way the play—*this* play—frames the entire film, and underwrites its *mise en scène* of flux and ambiguity. The surreal sequence involving Michel with the tribal mask emphasises this point—his gestures inviting the audience to ask itself who is performing to whom? What is behind the mask? What is real and what is reflected? Who is happy and who is sad, sick or well, rational or not rational? The preponderance of carefully composed static shots adds to the sense of theatricality and artifice, especially towards the end of this particular

segment after Claude’s beard has finally been trimmed and both men are framed in the reflection of a large mirror, their identities doubled and duplicated by the same image within an image (Figure 9). Without abandoning a coherent narrative structure or subverting the broad conventions of the observational mode, *Every Little Thing* poses questions at every turn, keeps meaning (and our judgement) in a state of play by refusing to settle into some conventionally realistic—and therefore, moralistic—homage to the La Borde Clinic.

In *Warrendale*, *Asylum*, and *San Clemente*, the documentary depiction of mental illness and its treatments tends to be mediated by the filmmakers’ sympathy towards a particular therapeutic or political intervention, whether that be associated with a charismatic figure such as John Brown or R.D. Laing, or on-going struggles to reform a recalcitrantly inhumane mental health care system (as in the case of *Psichiatria Democratica*).

Given this supportive relationship to the ostensible subject of their films, these documentaries inevitably include scenes of psychotic and distraught behaviour, scenes necessary in drawing attention to the urgency of the psychiatric and social issues at stake. Although *Every Little Thing* is set in an alternative psychiatric community and also conforms to an observational aesthetic, it does not ostensibly offer itself as a vehicle for the promotion of institutional psychotherapy, or the work of Jean Oury and the legacy of Félix Guattari; and while it shows human suffering at times, it does not feature instances of extreme emotional and physical behaviour. Furthermore, the audience is never certain whether the film is chiefly a documentary about the psychiatric community residing at La Borde, or about a group of actors, musicians, artists, visitors, friends preparing their roles for the performance of a relatively obscure, not to say surreal, play. In avoiding the familiar stereotypes and narrative strategies that typically characterise documentaries about mental illness, the individuals who feature in Philibert's film are not fixed to an identity, or situated—inadvertently or otherwise—by the filmmaker as being on the right or wrong side of madness. In avoiding the trap of making mental illness the subject, the film's cinematographic forms and structures complicate assumed social and psychological differences between people. In so doing, *Every Little Thing* reminds its audience that distinctions between madness and sanity, like those between fiction and documentary, are the stuff of contingency not necessity.

Notes

1. On the origins and influence of Institutional Psychotherapy in France, see Robcis (2016).
2. Barrère was a medical doctor and television journalist (known largely through his work in the 1960s on ORFT's current affairs series, *Cinq Colonnes à la une*) and his 1977 documentary on La Borde was inspired by the publication of Polack and Sivadon's *La Borde ou le Droit à la folie* (1976). François Pain worked closely with Guattari and has produced various film and visual art works inspired by schizo-analysis. See also, Guattari's autobiographical *I, Little Asylum* (2014). Interestingly, Djemai's more recent film, *À peine ombre/Out of the Shadows* (2012) is less concerned with the diversity of activities and therapies at La Borde, and although it features an interview with Oury (who died in 2014), it tends to eschew an idyllic depiction of the clinic and its environs.

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